

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000715

STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 4118 Registrar's No. 4

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 23 1963

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sparta</u>	Length of stay in 1b <u>69 years</u>	c. CITY OR TOWN <u>Sparta</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>no street address</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harvey</u> Middle <u>J.</u> Last <u>Farmer</u>			4. DATE OF DEATH Month <u>January</u> Day <u>11</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/16/1893</u>	9. AGE (last birthday) <u>69</u>	10. IF UNDER 1 YEAR Months <u>69</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy & Stockman</u>		11. BIRTHPLACE (City and state or country) <u>Christian Co., Missouri</u>	
13a. FATHER'S NAME <u>Charles Farmer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Harbor</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Osburn</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Mrs. Myrtle Farmer, Sparta, Missouri</u>	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephalomalacia</u>		<u>Months</u>
DUE TO (c) <u>Arteriosclerosis</u>		<u>Unknown</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <u>9:05</u> Month, Day, Year <u>1/6/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[redacted]</u>	20f. CITY, TOWN, OR LOCATION <u>Sparta</u>	COUNTY <u>Missouri</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>4/3/61</u> to <u>1/6/63</u> and last saw her alive on <u>1/6/63</u>	
Death occurred at <u>9:05</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Vincent P. McCormick</u>	(Degree or title) <u>DO</u>	22b. ADDRESS <u>Ozark Mo</u>	22c. DATE SIGNED <u>1/16/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/13/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Linden Cemetery</u>	23d. LOCATION (City, town, or county) <u>Sparta, Missouri</u>
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24. FUNERAL DIRECTOR <u>Shelton Harris</u>	ADDRESS <u>Ozark, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 21, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mary Kaufman</u>
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(Licensed Emballer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	AMENDED
<u>6220</u>		
<u>20220</u>		
<u>3</u>		
<u>4 0</u>		
<u>5 1</u>		
<u>6</u>		
<u>7 0</u>		
<u>8 0</u>		
<u>9332X</u>		
<u>10</u>		
<u>11</u>		
<u>12 96-2</u>		
<u>13 1-0</u>		

FEB 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained, Jan. 12, 1963.

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